

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540270

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5		4					55						
6		4					56						
7		1					57						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DIA.	2		↓		↓				↓		↓		↓
TOTAL DEP.	15		←		←				↓		↓		↓
TOTAL CLAIMS	17								←		←		←

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